

APPENDIX F

HEALTH SERVICE ESTIMATE

(CLASSIFICATION)

Issuing Section and Headquarters
Place
Date, Time, and Zone

Health Service Estimate (Appendix B, FM 8-55)

References: Maps or overlays (as necessary for understanding of the estimate).

NOTE

This estimate will normally be presented orally (with an overlay) as opposed to a written presentation. When presenting orally, this format should be followed for the sake of organizing the briefing.

F-1. Mission

Restate the mission determined by the commander in step 3 of the sequence of command and staff actions (Chapter 5, FM 101-5).

(4) Endemic disease.

b. Tactical Situation. This information is obtained from the commander's planning guidance and from the operations officer and should—

F-2. Situations and Considerations

a. Intelligence Situation. This information is obtained from the intelligence officer. When the details make it appropriate and the estimate is written, a brief summary and reference to the appropriate intelligence document, or an annex of the applicable estimate, may be used. The following information should be included:

(1) Present disposition of major elements and strength to be supported.

(2) Outline possible courses of action to accomplish the tactical mission. (These courses of action are carried forward through the remainder of the estimate.)

(3) Project operations, if known, and other planning factors as required for coordination and integration of staff estimates.

- (1) Characteristic of the AO.
- (2) Enemy strength and disposition.
- (3) Enemy capabilities.
 - (a) Affecting tactical mission.
 - (b) Affecting medical activities.

c. Personnel Situation. Present staffing of medical units and anticipated replacements. (This information may be obtained from the personnel estimate.)

d. Logistical Situation. Identify any logistical situation that might have an impact on medical support; for example, transportation of

medical supplies and equipment, and evacuation resources (transportation).

e. Civil-Military Operations Situation. This information is obtained from the CMO officer and should—

(1) Present disposition of CMO units and installations that have an affect on the medical situation.

(2) Project development within the CMO field likely to influence the operations, such as availability of civilian labor, civilian hospitals, and other medical facilities and organizations for use by the civilian population, EPWs, and US forces.

f. Health Service Situation. In this subparagraph, the status of HSS is shown under appropriate subheadings.

- (1) *Casualty estimates.*
 - (a) Anticipated number of casualties.
 - (b) Distribution in space (where located).
 - (c) Distribution in time (evacuation times).
 - (d) Area of casualty density.
 - (e) Line of patient drift.
- (2) *Health of the command.*
 - (a) Acclimation of troops.
 - (b) Presence of disease.
 - (c) Status of immunizations.
 - (d) Clothing and equipment.
 - (e) Morale unit cohesion.
 - (f) Fatigue, sleep loss.
 - (g) Percent of casualties; intensity of combat.

(h) Level of training, experience, leadership.

(i) Home front stressors.

(j) Other, as indicated.

(3) *Health service support.* A discussion of the HSS functions provided (all services [as applicable], EPW, and civilian population) would be included in this area and would include at least the following:

- (a) Area medical support.
- (b) Hospitalization.
- (c) Medical evacuation.
- (d) Medical supply, optical and maintenance.
- (e) Laboratory.
- (f) Preventive medicine.
- (g) Veterinary.
- (h) Combat stress control.
- (i) Dental.
- (j) Command and control.
- (k) Blood support.
- (l) Other, as appropriate.

g. Assumptions. Present any assumption required as a basis for initiating planning or preparing the estimate. Assumptions are modified as factual data when specific planning becomes available.

F-3. Analysis

Under each subheading and for each tactical course of action, when appropriate, analyze all HSS factors, indicating problems and deficiencies.

F-4. Comparison

a. Evaluate deficiencies, if any, with respect to the accomplishment of the mission, using those tactical courses of action listed in the commander's estimate.

b. Discuss the advantages and disadvantages of each tactical course of action under consideration from the medical standpoint. Include methods of overcoming deficiencies or modification required in each course of action.

F-5. Conclusions

a. Indicate whether the mission set forth in paragraph F-1 can be supported from the health service standpoint.

b. Indicate which proposed course or courses of action can best be supported from the health service standpoint.

c. Indicate the health service disadvantages of each proposed course of action not listed in b above.

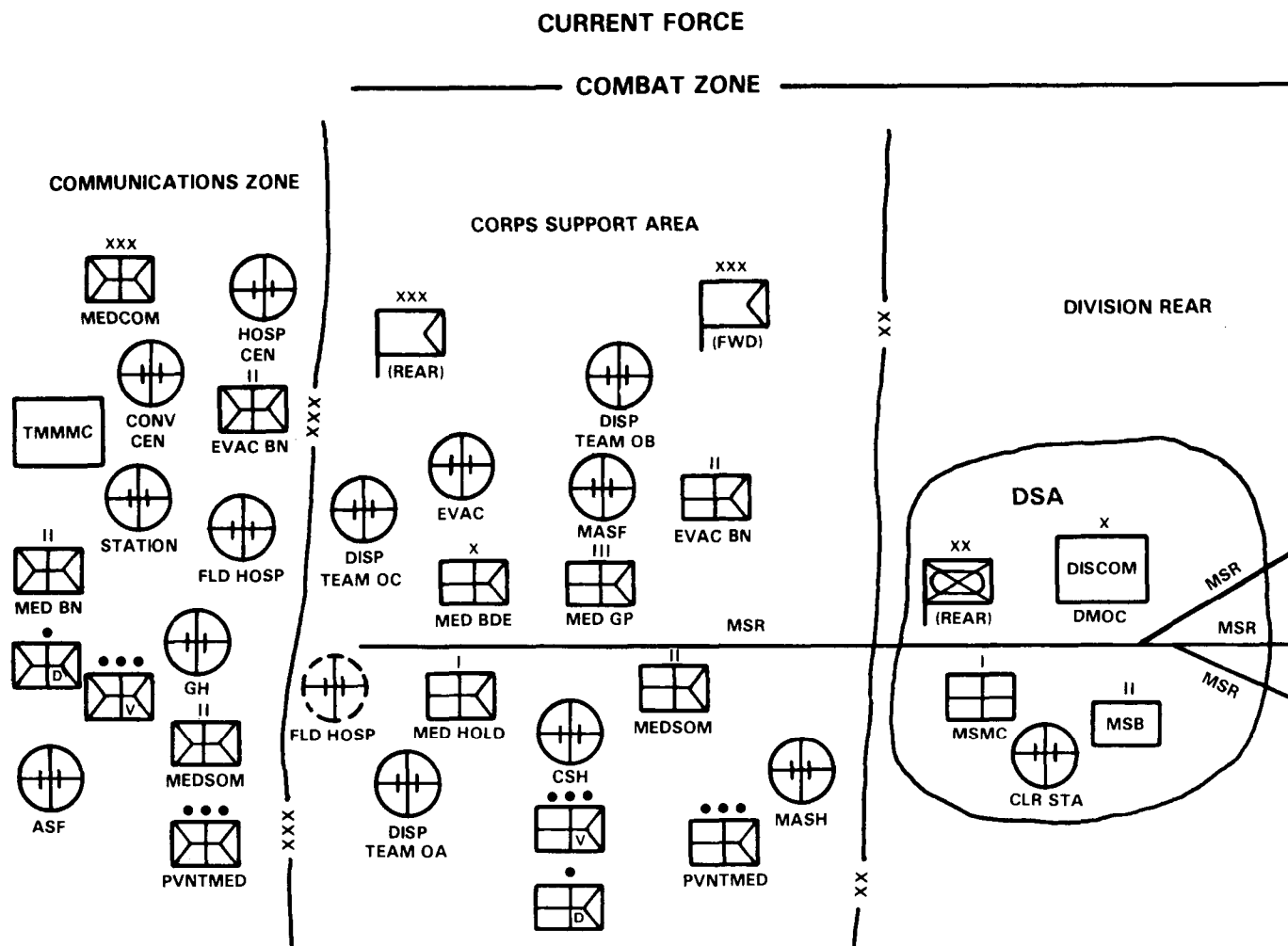
d. List the major deficiencies that must be brought to the commander's attention. Include specific recommendations concerning the methods of eliminating or reducing the effect of these deficiencies.

e. Figure F-1 depicts the typical overlay of current medical unit and elements in the field. Figure F-2 depicts the typical overlay of Medical Force 2000 units and elements in the field.

/s/ _____
Surgeon

Annexes (as required)

Distribution

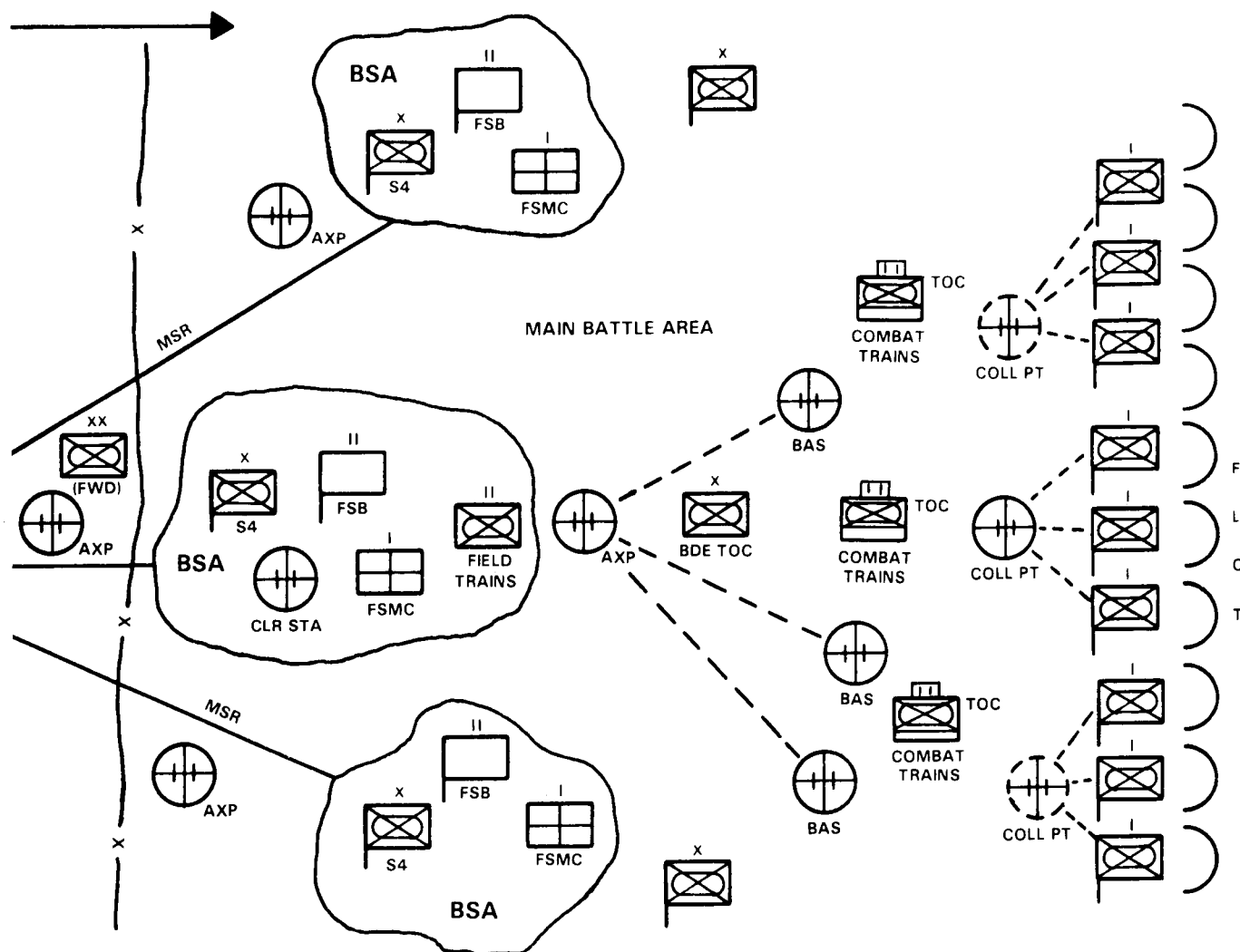


LEGEND:

ASF—AEROMEDICAL STAGING FACILITY (UNITED STATES AIR FORCE)
 AXP—AMBULANCE EXCHANGE POINT
 BAS—BATTALION AID STATION
 BDE TOC—BRIGADE TACTICAL OPERATIONS CENTER
 BSA—BRIGADE SUPPORT AREA
 CLR STA—CLEARING STATION
 COLL PT—COLLECTION POINT
 COMBAT TRAINS—THE PORTION OF UNIT TRAINS THAT PROVIDES COMBAT SERVICE SUPPORT
 CONV CEN—CONVALESCENT CENTER
 CSH—COMBAT SUPPORT HOSPITAL
 DISCOM—DIVISION SUPPORT COMMAND
 DISP TEAM OA—DISPENSARY, TEAM OA
 DISP TEAM OB—DISPENSARY, TEAM OB
 DISP TEAM OC—DISPENSARY, TEAM OC
 DMOC—DIVISION MEDICAL OPERATIONS CENTER

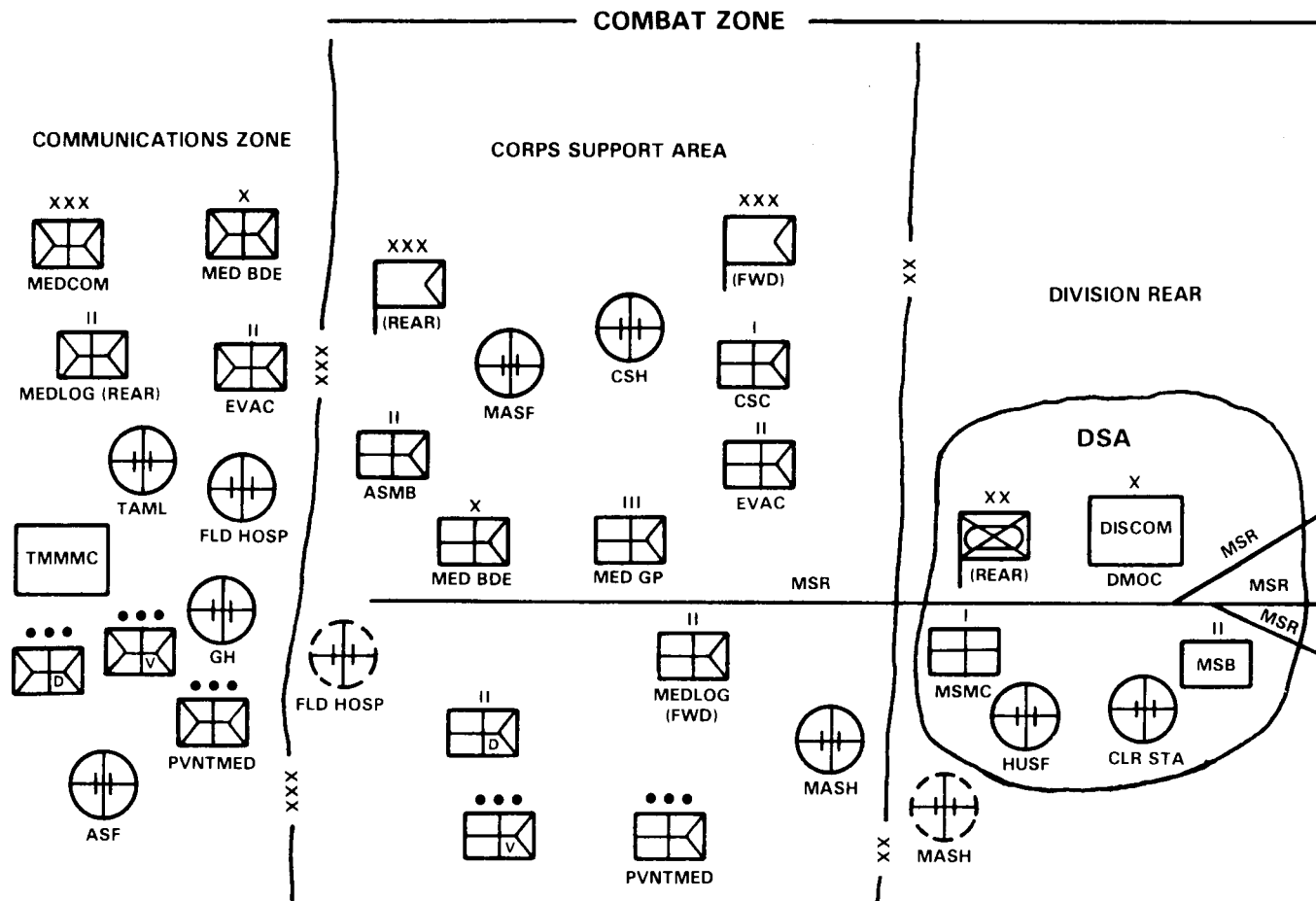
DSA—DIVISION SUPPORT AREA
 EVAC—EVACUATION HOSPITAL
 EVAC BN—EVACUATION BATTALION
 FIELD TRAINS—THE COMBAT SERVICE SUPPORT PORTION OF A UNIT AT COMPANY AND BATTALION LEVEL THAT IS NOT REQUIRED TO RESPOND IMMEDIATELY
 FLD HOSP—FIELD HOSPITAL
 FLOT—FORWARD LINE OF OWN TROOPS
 FSB—FORWARD SUPPORT BATTALION
 FSMC—FORWARD SUPPORT MEDICAL COMPANY
 FWD—FORWARD
 GH—GENERAL HOSPITAL
 HOSP CEN—HOSPITAL CENTER
 MASF—MOBILE AEROMEDICAL STAGING FACILITY
 MASH—MOBILE ARMY SURGICAL HOSPITAL

Figure F-1. Typical overlay of current medical units and elements in the field.



MED BDE—MEDICAL BRIGADE
 MED BN—MEDICAL BATTALION
 MEDCOM—MEDICAL COMMAND
 MED GP—MEDICAL GROUP
 MED HOLD—MEDICAL HOLDING
 MEDSOM—MEDICAL SUPPLY, OPTICAL, AND MAINTENANCE
 MSB—MAIN SUPPORT BATTALION
 MSMC—MAIN SUPPORT MEDICAL COMPANY
 MSR—MAIN SUPPLY ROUTE
 PVNTMED—PREVENTIVE MEDICINE
 REAR—REAR
 S4—SUPPLY OFFICER (U.S. ARMY)
 STATION—STATION HOSPITAL
 TMMMC—THEATER MEDICAL MATERIEL MANAGEMENT CENTER
 TOC—TACTICAL OPERATIONS CENTER
 D—DENTAL
 V—VETERINARY

MEDICAL FORCE 2000

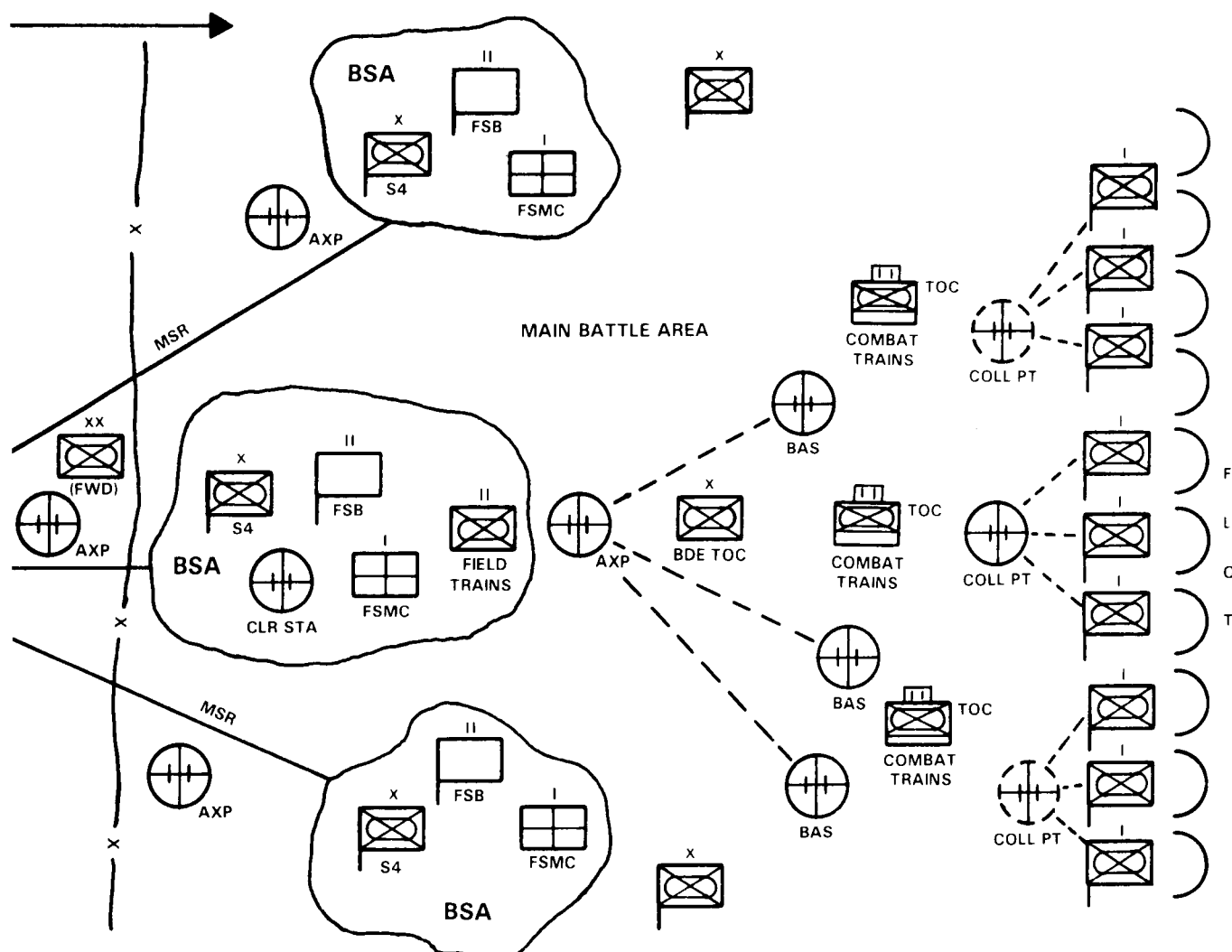


NOTE: THIS GRAPHIC REPRESENTS THE TYPES OF UNITS BUT DOES NOT REFLECT ACTUAL BASIS OF ALLOCATION.

LEGEND:

ASF—AEROMEDICAL STAGING FACILITY (UNITED STATES AIR FORCE)
 ASMB—AREA SUPPORT MEDICAL BATTALION
 AXP—AMBULANCE EXCHANGE POINT
 BAS—BATTALION AID STATION
 BDE TOC—BRIGADE TACTICAL OPERATIONS CENTER
 BSA—BRIGADE SUPPORT AREA
 CLR STA—CLEARING STATION
 COLL PT—COLLECTION POINT
 COMBAT TRAINS—THE PORTION OF UNIT TRAINS THAT PROVIDES COMBAT SERVICE SUPPORT
 CSC—COMBAT STRESS CONTROL
 CSH—COMBAT SUPPORT HOSPITAL
 DISCOM—DIVISION SUPPORT COMMAND
 DMOC—DIVISION MEDICAL OPERATIONS CENTER
 DSA—DIVISION SUPPORT AREA
 EVAC—EVACUATION BATTALION
 FIELD TRAINS—THE COMBAT SERVICE SUPPORT PORTION OF A UNIT AT COMPANY AND BATTALION LEVEL THAT IS NOT REQUIRED TO RESPOND IMMEDIATELY
 FLD HOSP—FIELD HOSPITAL
 FLOT—FORWARD LINE OF OWN TROOPS
 FSB—FORWARD SUPPORT BATTALION
 FSMC—FORWARD SUPPORT MEDICAL COMPANY

Figure F-2. Typical overlay of Medical Force 2000 units and elements in the field.



FWD—FORWARD
 GH—GENERAL HOSPITAL
 HUSF—HOSPITAL UNIT SURGICAL FORWARD (MASH ELEMENT)
 MASF—MOBILE AEROMEDICAL STAGING FACILITY
 MASH—MOBILE ARMY SURGICAL HOSPITAL
 MED BDE—MEDICAL BRIGADE
 MEDCOM—MEDICAL COMMAND
 MED GP—MEDICAL GROUP
 MEDLOG—MEDICAL LOGISTICS BATTALION
 MSB—MAIN SUPPORT BATTALION
 MSMC—MAIN SUPPORT MEDICAL COMPANY
 MSR—MAIN SUPPLY ROUTE
 PVNTMED—PREVENTIVE MEDICINE
 REAR—REAR
 S4—SUPPLY OFFICER (U.S. ARMY)
 TAML—THEATER ARMY MEDICAL LABORATORY
 TMMMC—THEATER MEDICAL MATERIEL MANAGEMENT CENTER
 TOC—TACTICAL OPERATIONS CENTER
 D—DENTAL
 V—VETERINARY